

INSTRUCTIONS ON PROPERLY FILLING OUT BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Attention to All Registered Backflow Prevention Assembly Testers: Read and follow all of the stated directions. Failure to act in accordance with the following directions will result in rejection of test report.

- ❖ Test report must appear legible, completely filled out, and on a City of Houston form.
- ❖ Verify that property falls under City of Houston jurisdiction. Feel free to call prior to sending report to verify that property is under our authority.
- ❖ Make certain that the "Name of Property" blank has a valid name. Do not provide same information as "Property Address" in this blank.
- ❖ "Key Map #" must be provided. We cannot input test report unless this is given.
- ❖ If property and mailing address are the same fill in "Same as Above" in "Mailing Address" blank. Do not leave this space empty.
- ❖ Double check serial number of assembly and provide the most accurate information.
- ❖ The "Located At" blank should have the actual location of the backflow prevention assembly (south wall of mechanical room for example). Do not fill in the property address in this blank.
- ❖ Complete the "Final Test" section only if repairs have been made, otherwise readings should be indicated in the "Initial Test" section.
- ❖ Use the "Remarks" section to indicate if assembly has been removed, replaced, or for any deficiencies.
- ❖ Do not provide your expiration date in the space for "Calibration Date". For gauges that have been annually certified be sure to send a copy of latest gauge certificate.
- ❖ Confirm that the test date falls within one year of your calibration date.
- ❖ Provide your City of Houston registered tester number in the "Certified Tester No" space. Do not write down your TCEQ license number.
- ❖ For the "CT's Firm Name" make sure that information is for your current employer/firm. If you have recently changed firms provide written documentation on company letterhead stating your change of employment.
- ❖ Regarding backflow preventers on transient meters:
 - ◆ Do not provide the address of where the device is located.
 - ◆ The address of the company that owns the backflow preventer should be provided in the "Property Address" and "Mailing Address" blanks.
 - ◆ The "Located At" blank should read "transient meter".
- ❖ Regarding backflow preventers on esplanades:
 - ◆ The association/company managing the maintenance of the esplanade must be provided in the "Name of Property" blank.
 - ◆ The "Mailing Address" and "Contact Person" blanks should be of the association/company managing the esplanade.
 - ◆ Indicate that this device is on an esplanade in the "Located At" blank.



CITY OF HOUSTON



**DEPARTMENT OF PUBLIC WORKS & ENGINEERING
WATER PRODUCTION BRANCH/ SYSTEMS DEVELOPMENT & WATER QUALITY SECTION
BACKFLOW PREVENTION ASSEMBLY
TEST AND MAINTENANCE REPORT ***

ILLEGIBLE OR INCOMPLETE TEST REPORTS WILL NOT BE ACCEPTED

NAME OF PROPERTY: _____

PROPERTY ADDRESS: _____

CITY: _____, STATE: _____, ZIP: _____, KEY MAP #: _____ - _____, PHONE #: (____) _____ - _____

MAILING ADDRESS: _____ CONTACT PERSON: _____

Send This Original Report to: **SYSTEMS DEVELOPMENT SECTION; 7000Ardmore, 2nd Flr., Houston, TX 77054-2302**

THE BACKFLOW PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ-Chapter 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S UNIFORM PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

TYPE OF ASSEMBLY

☐ REDUCED PRESSURE PRINCIPLE (RP) ☐ REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD) ☐ PRESSURE VACUUM BREAKER (PVB)
☐ DOUBLE CHECK VALVE (DCV) ☐ DOUBLE CHECK VALVE-DETECTOR (DCD) ☐ SPILL-RESISTANT PRESSURE VACUUM BREAKER (SVB)

MANUFACTURER _____ MODEL # _____ SIZE _____ SERIAL NUMBER _____

LOCATED AT: _____ DATE INSTALLED: _____

Is the assembly installed in accordance with manufacturer recommendations and/or City's Uniform Plumbing Code? _____

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	D.C. CLOSED TIGHT <input type="checkbox"/> RP _____ PSI LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSI LEAKED <input type="checkbox"/>	OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>	HELD AT _____ PSI LEAKED <input type="checkbox"/>
REPAIRS** AND MATERIAL USED					
FINAL TEST	D.C. CLOSED TIGHT <input type="checkbox"/> RP _____ PSI	CLOSED TIGHT <input type="checkbox"/> _____ PSI	OPENED AT _____ PSI 	OPENED AT _____ PSI 	HELD AT _____ PSI

TEST GAUGE USED: MAKE/MODEL: _____ S/N: _____ CALIBRATION DATE: ____/____/____ {Tested annually}

REMARKS: _____

THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING

Backflow Test Status ☐ Pass ☐ Fail

CT's FIRM NAME: _____

CERTIFIED TESTER: _____

FIRM ADDRESS: _____

CERTIFIED TESTER NO.: _____

TEST DATE: _____

FIRM PHONE #: _____

C.O.H. C. C. WITNESS _____

* TEST REPORTS MUST BE KEPT FOR AT LEAST THREE YEARS.

TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER.

** USE ONLY MANUFACTURERS' REPLACEMENT PARTS.